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State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

|                                                                                                                                                                                                                                                                                                                                                                                                                          |  |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|
| Operator<br>MERIDIAN OIL INC.                                                                                                                                                                                                                                                                                                                                                                                            |  | Well API No. |
| Address<br>21 Desta Drive Midland, Texas 79705                                                                                                                                                                                                                                                                                                                                                                           |  |              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/><br>Recompletion <input type="checkbox"/> Change in Transporter of: Effective 2-1 -89<br>Change in Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |              |
| If change of operator give name and address of previous operator<br>Doyle Hartman P.O. Box 1861 Midland, Texas 79702                                                                                                                                                                                                                                                                                                     |  |              |

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                             |               |                                                                 |                           |           |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------|---------------------------|-----------|
| Lease Name<br>King Foundation et al                                                                                                         | Well No.<br>1 | Pool Name, Including Formation<br>Langlie Mattix (Queen) - G.S. | Kind of Lease<br>S.M. Fee | Lease No. |
| Location<br>Unit Letter E : 2310 Feet From The N Line and 330 Feet From The W Line<br>Section 20 Township 24-S Range 37-E, NMPM, Lea County |               |                                                                 |                           |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                 |                                                                            |                                                                                                              |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil<br>Citgo Petroleum Corporation            | <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 272 Odessa, Texas 79760 |
| Name of Authorized Transporter of Casinghead Gas<br>El Paso Natural Gas Company | <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1492 El Paso, Tx. 79978 |
| If well produces oil or liquids, give location of tanks.                        | Unit<br>E                                                                  | Sec.<br>20                                                                                                   |
|                                                                                 | Twp.<br>24S                                                                | Rge.<br>37E                                                                                                  |
|                                                                                 | Is gas actually connected?<br>yes                                          |                                                                                                              |
|                                                                                 | When?<br>10-26-77                                                          |                                                                                                              |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Connie Monahan Operations Tech III  
Printed Name  
Title  
Date 2-24-89 Telephone No. 915/686-5681

OIL CONSERVATION DIVISION

Date Approved MAR 10 1989  
By  
Title  
Orig. Signed by  
Paul Kautz  
Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

OCD  
HOBBS OFFICE